

SELECTIVE SERVICE SYSTEM  
REGISTRATION CERTIFICATE

SSS Form 2  
(Rev. 4-20-67)

THIS IS TO CERTIFY THAT IN ACCORDANCE WITH THE SELECTIVE SERVICE LAW

(FIRST NAME)	(MIDDLE NAME)	(LAST NAME)
Walker	Webb	Watson
SELECTIVE SERVICE NO. 8 103 51 199		
(DATE OF BIRTH) March 21, 1951		(PLACE OF BIRTH) Lexington, Va.
COLOR EYES blue	COLOR HAIR brown	HEIGHT 0 FT. 0 IN.
WEIGHT 155		

Other obvious physical characteristics

birthmark on left forearm

24 March 1969  
WAS DULY REGISTERED ON THE DAY OF 19

Anne M Harrison

(SIGNATURE OF LOCAL BOARD CLERK)

(REGISTRANT'S SIGNATURE)

Walker Webb Watson



LOCAL BOARD NO. 100  
SELECTIVE SERVICE SYSTEM  
2500 N. ORANGE AVENUE  
ORLANDO, FLORIDA 32804

(LOCAL BOARD STAMP)

The law requires you to have this certificate in your personal possession at all times and to surrender it upon entering active duty in the Armed Forces.

The law requires you to notify your local board in writing within 10 days after it occurs, (1) of every change in your address, physical condition and occupational (including student) marital, family, dependency and military status, and (2) of any other fact which might change your classification.

Any person who alters, forges, knowingly destroys, knowingly mutilates or in any manner changes this certificate or who, for the purpose of false identification or representation, has in his possession a certificate of another person who delivers his certificate to another to be used for such purpose, may be fined not to exceed \$10,000 or imprisoned for not more than 5 years, or both.

Your Selective Service Number, shown on the reverse side, should appear on all communications with your local board. Sign this form immediately upon receipt.

**FOR INFORMATION AND ADVICE,  
GO TO ANY LOCAL BOARD**